

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-009735

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Clayton

Length of stay in 1b
65 Yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

St. Louis Co. Hospital D.O.A.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

St. Louis

c. CITY
OR
TOWN

Hillsdale

1. Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

2203 Oakdale

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Edward

NMN

Chapman

4. DATE
OF
DEATH

Month

Day

Year

February 14, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/28/1877

9. AGE (last birthday)

85

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Pullman Conductor

10b. KIND OF BUSINESS OR INDUSTRY

Pullman Co

11. BIRTHPLACE (City and state or country)

Cuba, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Chapman

13b. MOTHER'S MAIDEN NAME

Ella Pease

14. NAME OF HUSBAND OR WIFE

Nellie B. Chapman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

No

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mr Edward Chapman 1032 Yale Ave

18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute myocardial infarct

INTERVAL BETWEEN
ONSET AND DEATH
few min.Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Arteriosclerotic heart disease.

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

Month, Day, Year

a.m.
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

8-9-62

to 2-14-63

and last saw him alive on 2-10-63

Death occurred at

4:32 PM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL CEMETERY,
REMOVAL (Specify)

Burial

23b. DATE

2/18/63

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

St. Louis Co. Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Alexander & Sons 6175 Delmar Blvd

25. DATE RECD. BY LOCAL REG.

2-16-63

26. REGISTRAR'S SIGNATURE

John Murphy

Dr. Walter Spoeneman

1515 St. Louis Ave

12 A.M. Sat

Ce.1-0638

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Licensed Embalmer No. 4053

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

THIS CERTIFICATE AND BODY SHOULD BE RETURNED